

## **Surgeon General's Media Update**

Jan. 12, 2007

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01/11/07 – CBS News

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01/12/07 – By Kevin Dougherty, Stars and Stripes European Edition

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### **Scientists map gene of STD parasite**

01/11/07 - By Lauran Neergaard, Associated Press

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### ***Many Suffer From Post-Traumatic Stress After Being Exposed To Combat Situations***

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KILLEEN, Texas - You wouldn't know it to watch war veteran Keri Christensen in action as she rushes around trying to get her two kids off to school, but the 33-year-old wife and mother can barely keep it together.

"There are days that I'll just stop and cry for no reason," Christensen says.

She doesn't look the type to break easily, CBS News correspondent Lee Cowan reports. But after a 10-month stint in Iraq and Kuwait -- where she drove convoys through sniper fire, saw her colleagues injured, and lived under the constant fear of roadside bombs -- Christensen was diagnosed with post-traumatic stress disorder, or PTSD.

"You feel like a part of you is just ... lost and you want to get it back, but you can't," Christensen explains.

She's not alone. Women now make up 15 percent of the active duty force. Between Iraq and Afghanistan, it's the largest wartime deployment ever for women.

Although technically not assigned to combat, in a war with no defined front line, women are finding themselves in combat anyway. They are exposed to exactly the kind of life-and-death situations that contribute to PTSD.

"This is the first time we've had mothers and daughters and sisters coming back into our families and our communities having served in these kinds of situations," says Wayne Gregory, a clinical psychologist with the Department of Veterans Affairs.

Gregory says about a third of the 155,000 women coming back from Iraq and Afghanistan have reported some kind of mental health concern. Many cases go unreported.

What is often the hardest, they say, is the transition from soldier back to mother and caregiver.

Christensen found herself snapping at her kids, and at times was afraid to drive them anywhere -- fearing flashbacks to that day her convoy was hit by that roadside bomb.

She doesn't like it that her children have to see her taking medication either, but she says they understand.

"My oldest daughter, Madison, just gives me a hug and tells me, 'It's OK mom, we know it's things that happened in Iraq,' and -- God bless them -- they're great kids," Christensen says.

Like so many women veterans, she thought the toughest part of being deployed was being away from home. Now it turns out that coming home is just as tough.

## **AWOL Army medic charged with desertion**

01/12/07 – By Kevin Dougherty, Stars and Stripes European Edition

A medic who went absent without leave in September to avoid a second tour in Iraq has been formally charged with desertion and missing movement, according to a U.S. Army spokesman.

If convicted of both offenses, Spc. Agustin Aguayo, with the 1st Battalion, 18th Infantry Regiment, could receive a maximum prison term of seven years, said Maj. Eric Bloom, spokesman for the Joint Multinational Training Command in Grafenwöhr, Germany. He also faces the forfeiture of all pay and allowances, demotion to the lowest enlisted rank and a dishonorable discharge.

Under military law, a deserter can be sentenced to death in a time of war. But the law also allows a more lenient sentence depending on the circumstances.

Aguayo's case was referred to trial Monday by Brig. Gen. David G. Perkins, the commander of the JMTC, which has assumed jurisdiction in the matter. The referral follows an Article 32 hearing that was held Dec. 12 in Schweinfurt, Germany, where Aguayo had been assigned.

No trial date has been set.

The 35-year-old medic joined the Army for four years in late 2002 under the delayed entry program. He went to boot camp in January 2003 and eventually left for Iraq in February 2004, serving a year in Tikrit.

Aguayo maintains that in the months leading up to that first deployment to Iraq, he slowly came to view himself as a conscientious objector. While in Iraq, he applied for conscientious objector status but continued to serve with his unit while his request was being processed. Aside from his regular duties as a medic, Aguayo pulled guard duty and went on patrols, but apparently did so without a loaded gun, according to his wife and other supporters.

The Army ultimately rejected Aguayo's application. He challenged the ruling, but the Army stuck to its decision. Aguayo then took his case to U.S. federal court, and a federal appellate court is considering his case.

### **Scientists map gene of STD parasite**

01/11/07 - By Lauran Neergaard, Associated Press

The tiny parasite undulates under the microscope like some creature from a sci-fi movie, but this one is all too real, latching onto the sexually unwary with tentacle-like probes. Now scientists have mapped the genes of the nasty little bug that causes one of the world's most common, and arguably least recognized, sexually transmitted infections, one with the tongue-twisting name of trichomoniasis.

Researchers hope the work will bring new attention to a parasite estimated to infect 170 million people a year worldwide, including 8 million in North America — and one emerging as a player in the spread of the AIDS virus.

"There are a huge number of people infected out there, but they don't know it so you don't know it," warned Dr. Jane Carlton, a parasite specialist who led the four-year effort by The Institute for Genomic Research to crack the bug's genome.

The work is published in Friday's edition of the journal Science.

Most sexually transmitted infections are caused by viruses or bacteria. A microscopic, single-celled protozoan named *Trichomonas vaginalis* causes this one.

The good news: "Trich," as it's short-handed, is easily curable, with a drug called Flagyl. The bad news: Many people go undiagnosed and thus continue spreading trich, plus the parasite is starting to develop resistance to the drug.

Both men and women can be infected, although trich is more common in women. But men usually suffer no symptoms, while about half of women do, reporting such problems as vaginal itching and a fishy-smelling frothy discharge.

During pregnancy, trich can cause premature birth or low-weight babies. It's linked to pelvic inflammatory disease.

But trich's real threat is that it quietly increases women's vulnerability to HIV, by altering the lining of the vagina so that it's easier for the AIDS virus to sneak in. Trich also seems to increase the chances that people who already have HIV spread it, enhancing that virus in different ways.

"It is a bad actor," said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, which funded the genome work.

The genetic mapping "is a very strong step in the right direction with regard to a parasite we still have not fully appreciated," he added.

The genome — which turned out to be 10-fold larger than researchers had predicted — highlights this bug's predatory nature, says Carlton, now at New York University School of Medicine.

First, it shifts from the shape of a pear to flatten and cover as much of the vaginal surface as possible. Then it sends tendrils under that surface to latch on. And then it gobbles up the vagina's good, anti-infective bacteria even as it secretes proteins that can erode holes in cells in the vaginal lining.

"We think it's a very voracious parasite," Carlton said.

### **More guns equal more murders in U.S. states: study**

01/11/07 - Reuters

WASHINGTON - American states where more people own guns have higher murder rates, including murders of children, researchers at the Harvard School of Public Health reported on Thursday.

The study, certain to provoke arguments in a country where gun ownership is an important political issue, found that about one in three U.S. households reported firearm ownership.

"Our findings suggest that in the United States, household firearms may be an important source of guns used to kill children, women and men, both on the street and in their homes," said Matthew Miller, assistant professor of health policy and injury prevention, who led the study.

His team used data from a U.S. Centers for Disease Control and Prevention survey of 200,000 people in all 50 states.

After dividing the states into four groups based on how many households had guns, the researchers found the states in the highest quartile of firearm ownership had overall homicide rates 60 percent higher than states in the lowest quartile.

In states with the most guns, firearm homicide rates were 114 percent higher, the researchers reported in the February issue of *Social Science and Medicine*.

More than 200 million guns are privately owned in the United States, according to the Justice Department.

In September, the FBI released 2005 figures showing violent crime had risen 2.3 percent nationally -- the first increase in four years.

**Bush: No Medicare price negotiations**  
***White House vows veto on eve of House action***  
01/11/07 – By William L. Watts, MarketWatch

WASHINGTON - President Bush would veto Democratic legislation allowing the federal government to negotiate drug prices for seniors and others enrolled in Medicare's prescription-drug plan, the White House said Thursday.

Congressional Democrats have made price negotiations a top feature of their legislative agenda. The House is expected Friday to pass legislation that would lift the restriction on drug-price negotiations.

The Democratic bill would lift a noninterference clause in the Medicare prescription-drug law. Backers argue that the measure would allow the Health and Human Services Department to negotiate lower prices on a number of popular drugs, allowing the savings to be used to plug holes in coverage for many seniors.

The White House and congressional Republican leaders say competition between private drug plans is resulting in lower prices for seniors, and that negotiations would be tantamount to federal price controls.

Competition between the private drug plans that offer the prescription-drug benefit "is reducing prices to seniors, providing a wide range of choices, and leading to a more productive environment for the development of new drugs," the White House Office of Management and Budget said. "If [the legislation] were presented to the president, he would veto the bill."

House Republicans pointed to a review by the nonpartisan Congressional Budget Office that found the House proposal wouldn't result in lower prices.

"CBO estimates that [the bill] would have a negligible effect on federal spending because we anticipate that the secretary would be unable to negotiate prices across the broad range of covered Part D drugs that are more favorable than those obtained by private drug plans under current law," acting CBO director Donald Marron wrote in a letter Wednesday to House Energy and Commerce Committee Chairman John Dingell, D-Mich., the author of the bill.

Dingell's legislation offers few details on how the government would go about negotiating lower prices.

Dingell brushed off the CBO findings, telling the Associated Press that "this isn't the first time the Congress and CBO differed on the amount of savings a particular bill would achieve." Sens. Olympia Snowe, R-Me., and Ron Wyden, D-Ore., on Thursday introduced a similar bill in the Senate.

The HHS secretary "should be examining performance and pointing out where drug plans need to improve," Snowe said.

"But today if he pointed out a product on which poor discounts were being achieved, he would be accused of interference," she said in a statement. "And if a plan reported intransigence, he could not respond. That makes no sense. It serves neither taxpayer nor the Medicare beneficiaries."

The Health and Human Services Department on Monday released new figures showing that the estimated cost of the drug plan were lower than originally anticipated, thanks to competition between drug-plan providers.

The administration now expects the drug benefit to cost \$640 billion between 2006 and 2015, down from its initial estimate of \$926 billion.

"Our new estimates provide clear evidence that consumer choice is working," said HHS Secretary Michael Leavitt. "Government interference will result in fewer choices and less consumer satisfaction. Actuaries have told us that government interference will not lead to lower drug prices either."

The Democratic proposal has the backing of the 38 million-member AARP. The seniors group has embarked on a nationwide advertising campaign in an effort to bolster support for price negotiations.

### **Cold Medicines Dangerous for Infants**

01/11/07 – Forbes

Over-the-counter cough and cold medications can be harmful -- even deadly -- to very young children, U.S. government research shows.

In 2005, three infants under the age of 6 months died from taking such medications. And, from 2004 to 2005, more than 1,500 children under the age of 2 were treated in emergency rooms for problems related to taking such medications, according to a report released Thursday.

"Cough and cold medicines can be harmful, and even fatal, and should be used with caution in children under 2 years of age," said study author Dr. Adam Cohen, an officer in the Epidemic Intelligence Service at the U.S. Centers for Disease Control and Prevention. "They are drugs, so they have risks as well as benefits."

The study appears in the Jan. 12 issue of the *Morbidity and Mortality Weekly Report*, a publication of the CDC.

The U.S. Food and Drug Administration has only approved the use of over-the-counter cough and cold medicines in children over the age of 2. In children younger than 2, studies have concluded that such medications are no more effective than a placebo. As a result, appropriate dosing is not known.

"Cold and cough medications, especially medications containing pseudoephedrine [a nasal decongestant], have never been shown to have any beneficial effect on children less than 2 years of age, yet they clearly can have significant harmful effects," said Dr. Michael Marcus, director of pediatric pulmonology, allergy and immunology at the Maimonides Infants & Children's Hospital in New York City.

Various professional groups, including the American Academy of Pediatrics and the American College of Chest Physicians, have issued guidelines recommending caution when using these medications in young children.

In June 2006, the FDA took action to stop the manufacture of medications containing carbinoxamine (an antihistamine) which were inappropriately labeled for use in infants and young children. Manufacturers were required to stop production by Sept. 6, 2006, but some products might still be in distribution.

The Combat Methamphetamine Epidemic Act of 2006, passed last March, banned over-the-counter (though not behind-the-counter) sales of products containing pseudoephedrine. As a result, many companies have taken this ingredient out of their products.

But products which might be harmful to young children are still available, so officials at the CDC and the National Association of Medical Examiners (NAME) investigated deaths of children under the age of 1 that were associated with cough and cold medicines.

The three infants who died ranged in age from 1 to 6 months; two were male and all three were found dead in their homes.

Autopsy and medication investigation records revealed that cough and cold medications were responsible for all three deaths. All three babies had high levels of pseudoephedrine, ranging from nine to 14 times the levels expected from recommended doses for children aged 2 to 12. One of the infants had received both a prescription and an over-the-counter cough and cold medicine at the same time, both of which contained pseudoephedrine.

Two of the children had taken prescription medications containing carbinoxamine, although there were no detectable blood levels of the substance. Two of the infants had detectable blood levels of dextromethorphan (a cough suppressant) and acetaminophen (a fever-reducer and analgesic).

"Parents should absolutely avoid these medications unless they are being supervised by a physician," Marcus said. "Parents should realize that non-prescription medications may contain similar products to medications that the pediatrician is also prescribing, therefore, they should let the pediatrician know all treatments the child is receiving when discussing a child's treatment."

"Parents should never give medicine without consulting a health-care provider, even over-the-counter," Cohen added. "Many over-the-counter medicines may be marketed for infants, and

there are no approved dosing recommendations from the FDA for this age group. There's very little evidence that they help in children under 2."